

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD -50075 Small PHA) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHAName: RavennaHousingAuthority

PHANumber: NE108 -001

PHAFiscalYearBeginning:(mm/yyyy) 10/01/03

PHA Plan Contact Information:

Name: Helen Rager

Phone: 308 -452-4233

TDD:

Email(if available): rha@nctc.net

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan

FiscalYear20 03

[24CFRPart903.7]

i.TableofContents

ProvideatableofcontentsforthePlan ,inc ludingattachments,andalistofsupportingdocumentsavailableforpublicinspection . For Attachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providetheattachment'sname(A,B,etc.)inthe spacetothelleftofthenameof theattachment.Iftheattachmentisprovidedasa **SEPARATE**filessubmissionfromthePHAPlans file,providethefilenameinparenthesesinthespacetotherightofthetitle.

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ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAop tion,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribchangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcovered inothersectionsofthis Update.

NOCHANGES

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A. ☒ Yes ☐ No: IsthePHAeligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ __28,050.00__

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment A

(2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto completethissection.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:

2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meetings specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration? NO we do not.

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename) _____

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included _____

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.

☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comment Attachment _____.

☒ Other: (list below)

The comments that were made by the residents were all positive comments. There were no comments made that would require any changes to our Agency Plan. I explained the plans the HA has made to our residents and the CFP monies in 2003, the residents were in agreement that those are items that will be an asset to our HA. I explained the Community Service Policy but since this will not affect many of those in attendance at the Resident Council meeting. They had no comments.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State Of Nebraska

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: The Stated Consolidated Plan does not have a needs section. I understand this is something that they are working on. I have not had a reply on their needs section. When that time comes and I can compare their needs to ours, I will review with them.

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides to change the Mission Statement, Goals or Objectives of the 5-year Plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the PHA that fundamentally change the plans of the Agency and which require formal approval of the Board of Commissioners.

D. Voluntary Conversion Initial Assessments.

a. How many of the PHA's developments are subject to the Required Initial Assessments?

One

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general

occupancy projects)?
NONE

c. How many Assessments were conducted for the PHA's covered developments?
ONE

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
NONE

e. If the PHA has not completed the Required Initial Assessment, describe the status of these assessments.
DONE

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Yes	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
N/A	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/Q	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD-52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD-52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName:RavennaHousingAuthority		GrantTypeandNumber CapitalFundProgram: 2001 CapitalFundProgram Replacement HousingFactorGrantNo:			FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport9					
Line No.	SummarybyDevelopmentAccount	TotalEstim atedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	\$1,777.00		\$1,777.00	783.75
4	1410Administration	\$1,400.00		\$1,400.00	1400.00
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts		\$		\$
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$4000.00		\$4,000.00	\$2468.97
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures	\$15,000.00		\$15,000.00	\$13,901.04
13	1475NondwellingEquipment	\$6,500.00		\$6,500.00	\$5542.95
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$28,677.00		\$28,677.00	\$24096.71
21	Amountoffline20RelatedtoLBPActivities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Ravenna Housing Authority		Grant Type and Number Capital Fund Program: 2001 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report 9					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	\$15,000.00			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Ravenna Housing Authority		Grant Type and Number Capital Fund Program#: 2001 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE108	DOORBELLS	1460		\$4,000.00		\$4,000.00	\$2,468.97	INCOMPLETE
NE108	BOILER ROOM REPAIRS AND UPDATES	1470		\$15,000.00		\$15,000.00	\$13,901.04	INCOMPLETE
NE108	LAWN MOWER AND LAWN EQUIPMENT	1475	1	\$6,500.00		\$6,500.00	\$5,542.95	INCOMPLETE
NE108	ADMINISTRATION	1410		\$1,400.00		\$1,400.00	\$1,400.00	COMPLETE
NE108	SOFTWARE	1408		\$1,777.00		\$1,777.00	\$783.75	INCOMPLETE

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: RavennaHousingAuthority		GrantTypeandNumber CapitalFundProgram#: 2001 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescri ptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Ravenna Housing Authority		Grant Type and Number Capital Fund Program: 2002 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$1,777.00		\$1,777.00	0
4	1410 Administration	\$1,400.00		\$1,400.00	\$1,400.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$23,500.00		\$23,500.00	\$15,776.06
11	1465.1 Dwelling Equipment — Nonexpendable	\$1,373.00		\$1,373.00	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$28,050.00		\$28,050.00	\$17,176.06
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Ravenna Housing Authority		Grant Type and Number Capital Fund Program: 2002 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Ravenna Housing Authority		Grant Type and Number Capital Fund Program#: 2002 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE108	BEDROOM ADDITION	1460		\$16,500.00		\$23,500	\$16,500.00	INCOMPLETE
NE108	MEDICINE CABINETS	1460		\$23,500.00		\$23,500.00	\$1,373.00	INCOMPLETE
NE108	PANELING	1465.1		\$1,373.00		\$1,373.00		INCOMPLETE
NE108	ADMINISTRATION	1410		\$1,400.00		\$1,400.00	\$1,400.00	COMPLETE
NE108	MANAGEMENT	1408		\$1,777.00		\$1,777.00		INCOMPLETE

Part III: Implementation Schedule

TableLibrary

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Ravenna Housing Authority		Grant Type and Number Capital Fund Program: 2003 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies					
<input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$1,777.00		\$1,777.00	0
4	1410 Administration	\$1,400.00		\$1,400.00	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$22,873.00		\$22,873.00	0
13	1475 Nondwelling Equipment	\$2,000.00		\$2,000.00	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities	\$28,050.00		\$28,050.00	0
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Ravenna Housing Authority		Grant Type and Number Capital Fund Program: 2003 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

PartII:Supp ortingPages

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

CapitalFundProgram5 -YearActionPlan

ATTACHMENT:C

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormanagementimprovementsplannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5-Yearcycle,becausethisinformationisincludedintheCapitalFundProgramAnnualStatement.

<div>CFP5 -YearActionPlan</div> <div><input type="checkbox"/> Originalstatement<input type="checkbox"/> Revisedstatement</div>		
Development Number	DevelopmentName (orindicatePHAwide)	
NE108-001	RAVENNAHOUSINGAUTHORITY	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedSt artDate (HAFiscalYear)

BEDROOM ADDITION PANELING MEDICINE CABINETS ADMINISTRATION MANAGEMENT	\$28,050.00	2002
GARAGE & CEMENT COMPUTER UPDATE OR REPLACE MANAGEMENT ADMINISTRATION	\$28,050.00	2003
PATIO SHADE FOR WEST SIDE OF COMMUNITY BUILDING OUTSIDE WINDOW AND DOOR SHADE COMMUNITY ROOM AND CARPET BATHROOM VENT FANS AIR CONDITIONER REPLACEMENTS RANGE HOODS REPLACE OLD CARPETS IN UNITS AS NEEDED RESURFACE PARKING AREA MANAGEMENT ADMINISTRATION	\$28,050.00	2004
REPLACE WATER SOFTENERS REPLACE COPY MACHINE COMMUNITY MAINTENANCE ROOM UPDATE REPLACE REST OF AIR CONDITIONERS REPLACE PRINTER AND FAX MACHINES REPLACE OLD SHINGLES ON ROOFS ADMINISTRATION MANAGEMENT	\$28,050.00	2005
BACKUP GENERATOR AUTOMATIC DOOR ON WEST SIDE REPLACE APPLIANCES AND LAUNDRY ROOM EQUIPMENT LAWN, TREES, AND SHRUBS UNIT PAINT STORM DOORS ADMINISTRATION MANAGEMENT	\$28,050.00	2006
WINDOW UPDATE ROOF UPDATES REPLACE LAWN EQUIPMENT REPLACE OLD SHINGLES		2007
Small PHA Plan Update Page 26	Table Library	form HUD-50075-Small PHA (03/2003)

ADMINISTRATION MANAGEMENT	\$28,050.00	
Totalestimatedcostovernext5years		

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD-50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PI H Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary Original statement Revised statement dated:

BudgetLineItem	TotalFunding
9110 –Re imbursementofLawEnforcement	
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -Drug Intervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudgetlineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovideinformationinshadedboxes.Informationprovidedmustbeconcise—nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsoractivitiesmaybedeleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative	TotalPHDEPFunding:\$
-------------------------	----------------------

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPF unding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPe rsonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements	Total PHDEP Funding: \$
-------------------------------------	--------------------------------

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFu nding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment __D__: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Maxine Boucher

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 01/01/2001 TO 12/31/2005

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member: 12/31/03

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): MAYOR GERALD REIMERS

Required Attachment ____E____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

OPAL CRIFFIELD
LEOLA LEWIS
EDITH ABRAHAM
JERRY CYZA
MAXINE BOUCHER